


Fill in this information to identify the case:Debtor Name 140 West 121 LLCUnited States Bankruptcy Court for the: Southern District of New York Case number: 23-11301☐ Check if this is an amended filing**Official Form 425C****Monthly Operating Report for Small Business Under Chapter 11**

12/17

Month: MarchDate report filed: 04/30/2024
MM / DD / YYYYLine of business: Two family property

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: 140 West 121 LLCOriginal signature of responsible party /s/ Beatrice SibbliesPrinted name of responsible party Beatrice Sibblies**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name 140 West 121 LLCCase number 23-11301

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

\$ 0.00

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 6,015.81

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 5,217.50

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 798.31

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 798.31

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 6,417.29

Debtor Name 140 West 121 LLC

Case number 23-11301

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0.00
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>24,220.43</u>	—	\$ <u>6,015.81</u>	=	\$ <u>18,204.62</u>
33. Cash disbursements	\$ <u>24,140.00</u>	—	\$ <u>5,217.85</u>	=	\$ <u>18,922.15</u>
34. Net cash flow	\$ <u>100.00</u>	—	\$ <u>798.31</u>	=	\$ <u>-698.31</u>
35. Total projected cash receipts for the next month:					\$ <u>25,900.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>25,814.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>86.00</u>

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

In re 140 West 121, LLC
SDNY Ch 11 Case No: 23-11301(DSJ)
MOR Attachments – March 2024

Exhibit A:

3. There are outstanding Water and Con Edison utility bills for the property.

Exhibit B: Not Applicable.

Exhibit C: Total Cash Receipts

Date	Description	Amount	
3/05/2024	Airbnb Payment	\$2,005.25	Rental Payment
03/06/2024	Airbnb Payment	\$ 806.07	Rental Payment
03/12/2024	Airbnb Payment	\$ 1,105.51	Rental Payment
03/19/2024	Airbnb Payment	\$1,400.58	Rental Payment
03/29/2024	Airbnb Payment	\$ 698.40	Rental Payment
	TOTAL:	\$6,015.81	

Exhibit D: Total Cash Disbursements

Date	Description	Amount	
3/06/2024	ATM Fee	\$4.00	Bank Fee
3/06/2024	Payment for cleaner	\$300.00	Operations
3/06/2024	ATM Fee	\$2.50	Bank Fee
3/06/2024	SN Servicing	\$2,500.00	Mortgage Payment
3/22/2024	SN Servicing	\$1,500.00	Mortgage Payment
3/27/2024	ATM Fee	\$3.00	Bank Fee
3/27/2024	Con Edison payment	\$500.00	Operations
3/27/2024	ATM Fee	\$2.50	Bank Fee
3/28/2024	ATM Fee	\$3.00	Bank Fee
3/28/2024	Payment for cleaner	\$300.00	Operations
3/28/2024	ATM Fee	\$2.50	Bank Fee
3/29/2024	Service Charge	\$100.00	Bank Fee
	TOTAL:	\$5,217.50	

In re 140 West 121, LLC
SDNY Ch 11 Case No: 23-11301(DSJ)
MOR Attachments – March 2024

Exhibit E: Total Payables

Coned _Acct ending 0021	\$ 2,688.86
Coned _Acct ending 0029	\$ 1,925.04
Coned_ Acct ending 0114	\$ 740.61
NYC Water bill	\$ 1,062.42
	\$ 6,417.29

Exhibit F: Not Applicable



898 Veterans Memorial Highway
Suite 560
Hauppauge, NY 11788

140 WEST 121 LLC

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Account Number: XXXXXX9137

140 WEST 121 LLC
140 W 121ST ST
NEW YORK NY 10027-6324

Managing Your Accounts

	Branch Name	NYC 51st Street
	Branch Number	1-646-756-5900
	Mailing Address	34 East 51st Street New York, NY 10022
	Website	www.dime.com

Summary of Accounts

Account Type	Account Number	Ending Balance
Debtor In Possession	XXXXXXX9137	\$798.31

Debtor In Possession-XXXXXXX9137**Account Summary**

Date	Description	Amount
03/01/2024	Beginning Balance	\$0.00
	5 Credit(s) This Period	\$6,015.81
	12 Debit(s) This Period	\$5,217.50
03/29/2024	Ending Balance	\$798.31

Electronic Credits

Date	Description	Amount
03/05/2024	AIRBNB PAYMENTS RMR* IK* G-CFAWZ6NZ57GXO\	\$2,005.25
03/06/2024	AIRBNB PAYMENTS RMR* IK* G-EHQB6URYWLP5H\	\$806.07
03/12/2024	AIRBNB PAYMENTS RMR* IK* G-UAMKQO2PURMVT\	\$1,105.51
03/19/2024	AIRBNB PAYMENTS RMR* IK* G-KVAWS6PPGHBXQ\	\$1,400.58
03/29/2024	AIRBNB PAYMENTS RMR* IK* G-XYANQIS5KLWOX\	\$698.40

Electronic Debits

Date	Description	Amount
03/06/2024	SN SERVICING DEBIT 1555126	\$2,500.00
03/22/2024	SN SERVICING DEBIT 1565580	\$1,500.00

Other Debits

Date	Description	Amount
03/06/2024	ATM SURCHARGE FEE XX8301 ATM WITHDRAWAL BANK OF AMERICA NEW YORK NY INYN4687 56	\$4.00
03/06/2024	XX8301 ATM WITHDRAWAL BANK OF AMERICA NEW YORK NY INYN4687 568098	\$300.00
03/06/2024	ATM SERVICE CHG ATM WITHDRAWAL BANK OF AMERICA NEW YORK NY INYN4687 568098	\$2.50
03/27/2024	ATM SURCHARGE FEE XX8301 ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 2504	\$3.00
03/27/2024	XX8301 ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 250440	\$500.00
03/27/2024	ATM SERVICE CHG ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 250440	\$2.50
03/28/2024	ATM SURCHARGE FEE XX8301 ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 2257	\$3.00



Please examine your account statement promptly and report any inaccuracy as soon as possible. The Uniform Commercial Code requires you to promptly notify us of any unauthorized signature or alteration on your checks.

DIRECT DEPOSITS

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at 800-321-DIME (3463) to find out whether or not the deposit has been made. You may also review your account activity online or via mobile banking.

FOR CONSUMER ACCOUNTS ONLY **IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR** **ELECTRONIC TRANSFERS**

Telephone or write us at the telephone number or address located on the front of this statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or transfer that you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

FOR CONSUMER ACCOUNTS ONLY **NONSUFFICIENT FUNDS (NSF) FEES –**

If an item drafted by you (such as a check) or a transaction you set up (such as a preauthorized transfer) is presented for payment in an amount that is more than the amount of money available in your account, and we decide not to pay the item or transaction, you agree that we can charge you an NSF fee for returning the payment. Be aware that such an item or payment may be presented multiple times (representment) and we do not control the number of times a transaction is presented for payment. We will attempt to not charge you, or alternatively reimburse such fees where we can determine the item or payment is a representment. If you locate a representment NSF fee that has not been reimbursed, please contact your branch at the number on your statement to obtain a refund.

LOAN ACCOUNT SUMMARY OF RIGHTS

This is a summary of your rights, a full statement of your rights and responsibilities under the federal Fair Credit Billing Act will be sent to you upon request or in response to a billing error notice.

BILLING RIGHTS SUMMARY - HOME EQUITY PLANS

In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

BILLING RIGHTS SUMMARY – ALL OPEN-END CREDIT **PLANS OTHER THAN HOME EQUITY PLANS**

What To Do If You Think You Find A **Mistake On Your Statement**

If you think there is an error on your statement, write to us at:

Dime Community Bank
898 Veterans Memorial Highway, Suite 560
Hauppauge, New York 11788

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION

We figure the finance charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances and/or fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance



898 Veterans Memorial Highway
Suite 560
Hauppauge, NY 11788

140 WEST 121 LLC

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Account Number: XXXXXX9137

Debtor In Possession-XXXXXX9137 (continued)

Other Debits (continued)

Date	Description	Amount
03/28/2024	XX8301 ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 225740	\$300.00
03/28/2024	ATM SERVICE CHG ATM WITHDRAWAL WELLS FARGO BANK NEW YORK NY 6866I 225740	\$2.50
03/29/2024	SERVICE CHARGE	\$100.00

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03/05/2024	\$2,005.25	03/19/2024	\$2,510.91	03/28/2024	\$199.91
03/06/2024	\$4.82	03/22/2024	\$1,010.91	03/29/2024	\$798.31
03/12/2024	\$1,110.33	03/27/2024	\$505.41		

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$35.00

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